UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

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# NOTICE OF ALLOWANCE AND FEE(S) DUE

23373

7590

03/01/2005

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N.W. SUITE 800 WASHINGTON, DC 20037

**EXAMINER** MIS, DAVID C

ART UNIT 2817

PAPER NUMBER

DATE MAILED: 03/01/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/656 330      | 09/08/2003  | Wan-Jin Kim          | O76619              | 9207             |

TITLE OF INVENTION: NONCOHERENT PULSE POSITION AND PHASE SHIFT KEYING TRANSMISSION/RECEPTION SYSTEM AND TRANSMISSION/RECEPTION SIGNAL PROCESSING METHOD THEREFOR

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 06/01/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further co<br>indicated unless corrected<br>maintenance fee notificatio                                                                                                                                                          | below or directed otherwise                                                                                                                          | Patent, advance ord<br>in Block 1, by (a)                                                                     | ers and notification specifying a new c                                                                                                            | of maintenance fees<br>orrespondence addres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | will be mailed to the current<br>s; and/or (b) indicating a sep                                                                                                | t correspondence address as<br>parate "FEE ADDRESS" for                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                   | CE ADDRESS (Note: Use Block 1 for 590 03/01/2005                                                                                                     | any change of address)                                                                                        |                                                                                                                                                    | Fee(s) Transmittal. T<br>papers. Each addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | f mailing can only be used this certificate cannot be used all paper, such as an assignmente of mailing or transmission.                                       | for any other accompanying<br>ent or formal drawing, must                                                                                |
| SUGHRUE MIC<br>2100 PENNSYLV<br>SUITE 800<br>WASHINGTON, 1                                                                                                                                                                                        | ANIA AVENUE, N.W                                                                                                                                     | <b>7.</b>                                                                                                     |                                                                                                                                                    | Ce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ertificate of Mailing or Tran<br>this Fee(s) Transmittal is bein<br>with sufficient postage for fi<br>all Stop ISSUE FEE address<br>PTO (703) 746-4000, on the | smission                                                                                                                                 |
| •                                                                                                                                                                                                                                                 |                                                                                                                                                      |                                                                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                | (Depositor's name)                                                                                                                       |
|                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                | (Signature)                                                                                                                              |
|                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                | (Date)                                                                                                                                   |
| APPLICATION NO.                                                                                                                                                                                                                                   | FILING DATE                                                                                                                                          | F                                                                                                             | IRST NAMED INVEN                                                                                                                                   | TOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ATTORNEY DOCKET NO.                                                                                                                                            | CONFIRMATION NO.                                                                                                                         |
| 10/656,330                                                                                                                                                                                                                                        | 09/08/2003                                                                                                                                           |                                                                                                               | Wan-Jin Kim                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Q76619                                                                                                                                                         | 9207                                                                                                                                     |
|                                                                                                                                                                                                                                                   | N: NONCOHERENT PUTTON SIGNAL PROCESSIN                                                                                                               |                                                                                                               |                                                                                                                                                    | SHIFT KEYING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TRANSMISSION/RECEPTI                                                                                                                                           | ON SYSTEM AND A                                                                                                                          |
| APPLN. TYPE                                                                                                                                                                                                                                       | SMALL ENTITY                                                                                                                                         | ISSUE FEI                                                                                                     | E PU                                                                                                                                               | BLICATION FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TOTAL FEE(S) DUE                                                                                                                                               | DATE DUE                                                                                                                                 |
| nonprovisional                                                                                                                                                                                                                                    | NO                                                                                                                                                   | \$1400                                                                                                        |                                                                                                                                                    | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$1700                                                                                                                                                         | 06/01/2005                                                                                                                               |
| EXAN                                                                                                                                                                                                                                              | INER                                                                                                                                                 | ART UNIT                                                                                                      | CI                                                                                                                                                 | ASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ]                                                                                                                                                              |                                                                                                                                          |
| MIS, D                                                                                                                                                                                                                                            | AVID C                                                                                                                                               | 2817                                                                                                          |                                                                                                                                                    | 332-112000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _                                                                                                                                                              |                                                                                                                                          |
| 1. Change of correspondenc<br>CFR 1.363).                                                                                                                                                                                                         | e address or indication of "Fo                                                                                                                       | ee Address" (37                                                                                               |                                                                                                                                                    | he patent front page, l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                          |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                                                                                                                      |                                                                                                               | or agents OR, alter (2) the name of a s registered attorney                                                                                        | ingle firm (having as<br>or agent) and the nan<br>attorneys or agents. If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | a member a 2                                                                                                                                                   |                                                                                                                                          |
| 3. ASSIGNEE NAME AND                                                                                                                                                                                                                              | RESIDENCE DATA TO B                                                                                                                                  | E PRINTED ON TH                                                                                               | IE PATENT (print o                                                                                                                                 | r type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                          |
|                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                               | -                                                                                                                                                  | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nee is identified below, the d                                                                                                                                 | locument has been filed for                                                                                                              |
| (A) NAME OF ASSIGN                                                                                                                                                                                                                                | EE                                                                                                                                                   | (B)                                                                                                           | RESIDENCE: (CIT                                                                                                                                    | Y and STATE OR CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UNTRY)                                                                                                                                                         |                                                                                                                                          |
|                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                | ·                                                                                                                                        |
|                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                               |                                                                                                                                                    | Individual UC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | orporation or other private gr                                                                                                                                 | oup entity Government                                                                                                                    |
| ta. The following fee(s) are                                                                                                                                                                                                                      | enclosed:                                                                                                                                            |                                                                                                               | Payment of Fee(s):                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                                                                                          |
| Issue Fee                                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                                                               |                                                                                                                                                    | ount of the fee(s) is en                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                |                                                                                                                                          |
|                                                                                                                                                                                                                                                   | mall entity discount permitte Copies                                                                                                                 | _                                                                                                             | Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                                                                                          |
| Advance Order - # of                                                                                                                                                                                                                              | Copies                                                                                                                                               |                                                                                                               | Deposit Account Nur                                                                                                                                | ereby authorized by on the control of the control o | charge the required fee(s), or (enclose an extra c                                                                                                             | opy of this form).                                                                                                                       |
|                                                                                                                                                                                                                                                   | (from status indicated above                                                                                                                         | )                                                                                                             | _                                                                                                                                                  | . •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                |                                                                                                                                          |
|                                                                                                                                                                                                                                                   | MALL ENTITY status. See                                                                                                                              |                                                                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LL ENTITY status. See 37 C                                                                                                                                     |                                                                                                                                          |
| The Director of the USPTO NOTE: The Issue Fee and Pronterest as shown by the reco                                                                                                                                                                 | is requested to apply the Issu<br>ublication Fee (if required) words of the United States Pate                                                       | e Fee and Publicatio<br>vill not be accepted f<br>nt and Trademark O                                          | n Fee (if any) or to i<br>rom anyone other th<br>ffice.                                                                                            | e-apply any previous<br>an the applicant; a reg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ly paid issue fee to the applicatistered attorney or agent; or the                                                                                             | ation identified above.<br>he assignee or other party in                                                                                 |
| Authorized Signature                                                                                                                                                                                                                              |                                                                                                                                                      |                                                                                                               |                                                                                                                                                    | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                |                                                                                                                                          |
| Typed or printed name                                                                                                                                                                                                                             |                                                                                                                                                      |                                                                                                               |                                                                                                                                                    | Registration No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                |                                                                                                                                          |
| his collection of information application. Confidentiali ubmitting the completed aphis form and/or suggestions to 1450, Alexandria, Virgi                                                                                                         | n is required by 37 CFR 1.3<br>ty is governed by 35 U.S.C.<br>plication form to the USPT<br>for reducing this burden, sh<br>nia 22313-1450. DO NOT S | 11. The information<br>122 and 37 CFR 1.1<br>D. Time will vary de<br>ould be sent to the C<br>SEND FEES OR CO | is required to obtain 4. This collection is pending upon the in hief Information Of MPLETED FORMS                                                  | or retain a benefit by<br>estimated to take 12<br>dividual case. Any co<br>ficer, U.S. Patent and<br>TO THIS ADDRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the public which is to file (an<br>minutes to complete, includir<br>omments on the amount of ti<br>Trademark Office, U.S. Dep.<br>S. SEND TO: Commissioner     | d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, |

Alexandria, Virginia 22313-1450.

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### United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.                             | FILING DATE           | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |  |
|---------------------------------------------|-----------------------|----------------------|-------------------------|------------------|--|--|
| 10/656,330                                  | 09/08/2003            | Wan-Jin Kim          | Q76619                  | 9207             |  |  |
| 23373 7                                     | 23373 7590 03/01/2005 |                      |                         | EXAMINER         |  |  |
| SUGHRUE MIC                                 |                       | MIS, DA              | MIS, DAVID C            |                  |  |  |
| 2100 PENNSYLVANIA AVENUE, N.W.<br>SUITE 800 |                       |                      | ART UNIT                | PAPER NUMBER     |  |  |
| WASHINGTON, I                               | DC 20037              |                      | 2817                    |                  |  |  |
|                                             |                       |                      | DATE MAILED: 03/01/2009 | •                |  |  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 113 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 113 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.